		CHANGE OF ADDRESS
Property Owner Name: (please print)		
In Care Of:		
Mailing Address:		Suite/Apt/Lot #:
City:	State:	Zip/Postal Code:
Country: (if not in USA)	_	Phone: (optional)
Please enter all parcel num	bers that require a	mailing address change:
Parcel Number:		omplete if parcel number is unknown)
		(over for additional parcels)
Property Owner/Agent Signature:		Date:
SSPA 1257 EI 061912	301 W. Jefferson, Ph	oenix, Arizona 85003, www.maricopa.gov/assessor
Maricopa County A Paul D. Petersen	Assessor	CHANGE OF ADDRESS
Property Owner Name: (please print)		
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Mailing Address:		Suite/Apt/Lot #:
City:	State:	Zip/Postal Code:
Country: (if not in USA)		Phone: (optional)
Please enter all parcel num	bers that require a	mailing address change:
Parcel Number:	Location Address: (c	omplete if parcel number is unknown)
		(over for additional parcels)

Property Owner/Agent Signature: _____

Date:

Parcel Number:	Location Address: (complete if parcel number is unknown)
	Reminder
Please register you	r rental properties with the County Assessor.
Parcel Number:	Location Address: (complete if parcel number is unknown)
_	

Reminder

Please register your rental properties with the County Assessor.